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BANKATLANTIC VENTURE PARTNERS 9, INC.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 12, 2004

BANKATLANTIC VENTURE PARTNERS 9, INC. PO BOX 5403
FT. LAUDERDALE, FL 33310-5403

SUBJECT: BANKATLANTIC VENTURE PARTNERS 9, INC.

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Teresa Brown Document Specialist FAX Aud. #: H04000202541 Letter Number: 804A00058833

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1	•
this statement of change is submitted for a corporation organized under the laws	•
Florida in order to change its registered office or registered agen	it, or both, in the State
of Florida.	· > 0
I. The name of the corporation: BankAtlantic Venture Partners 9, Inc.	04.0
2. The principal office address: 1750 E Survise Blvd, 3rd Floor, Fort Lauderdale, FL 33.	
	AS.
O The section of the Court of t	EFC P
3. The mailing address (if different): PO Box 5403, Fort Lauderdale, FL 33310	77
4. Date of incorporation/qualification: 03/25/1998 Document number	
5. The name and street address of the current registered agent and registered office Florida Department of State:	c on file with the
Glen R Gillbert	
1750 E Suntice Blvd, 3rd Floor	
Fort Lauderdale, FL 33304	
 The name and street address of the new registered agent (if changed) and /changed); 	or registered office (if
C T Corporation System	
c/o C T Corporation System	
(P.O. Hox or personal multipox NOT acceptable)	<u></u>
1200 South Pine Island Road, Plantation, Florida 33324	
The street address of its registered office and the street address of the business o agent, as changed will be identical.	ffice of its registered
Such change was authorized by resolution duly adopted by its board of directors authorized by the board, or the corporation has been notified in writing of the ch	or by an officer so
(Nignature of an officer, Charlest or vice Charlest of the Board) (Finited or typed same and	N wad - EUP. CF.
I hereby accept the appointment as registered agent and agree to act in this cap I further agree to comply with the provisions of all statutes relative to the prope performance of my duites, and I am familiar with and accept the obligation of m registered agent. Or, if this document is being filed merely to reflect a change i office address, I hereby confirm that the corporation has been notified in writing	
By: 10/7/04	
(Bignature of Registered Agent), 2798 A. Bordonors	
If signing on behalf of an entity:	
(Capacity)	
* * * FILING FEE: \$35.00 * * *	

MAKE CRECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314